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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits. 	A. Signature Agent Addressee B. Rocelyed by [Printed Name] C. Date of Delivery AU ACCORD
1. Article Addressed to:	D. is delivery address different from item/? ☐Yes If YES, enter delivery address below: ☐ No
United States District Court District of Nebraska	
111 South 18th Plaza, Suite 1152 Omaha, NE 68102	3. Service Type Certified Mail Depress Mail Registered Return Receipt for Merchandise Insured Mail G.O.D.
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